

TOWN OF HOPEDALE APPLICATION FOR PERMIT TO PERFORM

	Permit #	
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Permit Fee \$_

		GASFITTING											OR PLUMBING										•	Date									
Building Location	۰ <u> </u>																																
Owner's Name												Owner's Phone																					
New				[F	Reno	vati	on				[Rep	olac	em	ent							Re-	-Ins	pec	tion	l					
FIXTURES:	water closet	Bath Tub	Shower Stall	Kitchen Sink	Dishwasher	Disposal	Laundry Tray	Slop Sink	Floor Drain	Gas Trap	Urinal	Drink Fount	Area Drain	Water Piping	Other Fixture		Hot Wtr Tank	Tankless	Solar Hot Wit	Boiler/Fum		Range	Oven	Grille	Dryer	Pool Heater	Tests	Other			į		
Sub-basement Basement 1st Floor 2nd Floor																																	
3rd Floor 4th Floor																																	
Company Name Address Telephone	IRM/C											-		•	Na	me		•	RP./		[<u> </u>			er	or	1		Plu	mbe	ər		
Insurance Covers I have a current liab	-	olicy	or i	ts s	ubsta	antia	l equ	ivale	ent.					1		Yes	i			No													
If YES, please indic	ate t	yp e .					ond]A lii	abili	ity in	sur	ance	po	licy				[Oth	er ,			_					
I hereby certify that my knowledge and to pertinent provisions	that a	II ins	italla	ition	ıs an	d plu	ımbir	ng w	ork	perf	orm	ed u	ınde	er the	е ре	ermi	t iss	uec	l for	this	app	olica	tior										
Type of License:	Ga	sfitte	er			P	lumb	er				Mas	ster					Jou	ıməy	/mai	n												
License #			•		:	Signa	ture:											•															
Owner's Insurand I am aware that the permit application w	licen	see (does					surai gnatu		requ	uired	d by		Mas	ss. (Gen		La		and	that	my	sig	nati	ure (on th	nis						



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Owner's Nam	e													Owner's Phone																			
	New				ļ		Re	nov	atic	n				Replacement								[Re-	Ins	pec	tion	ì					
FIXTURES:	Water Closet	Lavatory	Bath Tub	Shower Stall	Kitchen Sink	Dishwasher	Disposal	Wash Mach	Laundry Tray	Slop Sink	Floor Drain	Gas Trap	Urinal	Drink Fount	Area Drain	Water Piping	Other Fixture		Hot Wtr Tank	Tankless	Solar Hot Whr	Boiler/Fum		Range	Oven	Grille	Dryer	Pool Heater	Tests	Other			
Sub-basemen Basement 1st Floor		_																															
2nd Floor 3rd Floor 4th Floor																																	
Company Name _	FI	RM/C	:0.							PAI	RTN	ER\$	НІР	-			Na	me	of l	,			RTIF	FICA			er	or			Plu	mbe	 er
Address - Telephone _				•									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												•				•				
insurance Co		_	olicy	ori	its s	ubs	tani	tial e	iupe	vale	ent.	•						Yes	}			No											
If YES, please	indica	ite ty	/pe.					Во	nd]A Ii	abil	ity ic	sur	ance	• ро	licy						Oth	er	_				•	
I hereby certify my knowledge pertinent provis	and th	at a	II ins	italla	atio	ns a	nd (plun	nbin	g w	ork j	perf	orm	ed L	ınde	er th	e pe	ərmit	t iss	suec	i for	this	s ap	plica	atior								
Type of License:]Ga	sfitte	er		!		Plu	ımbı	ÐΓ				Mai	ster					Jou	ırne	yma	ın										
License #			· · · · -				Sig	natu	ıre:											_													
Owner's Insulation I am aware that permit application	t the li	cen	see (doe				the		urai natu		requ	uired	d by	the	Ma	SS. (Gen	eral	La	ws,	and	l tha	it my	/ sig	ınatı	ure (on t	his				
]ow	ner]Ag	ent												



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Sub-basement Basement 1st Floor 2nd Floor																																	
3rd Floor 4th Floor																																	
Company Name Address Telephone	FIRM									RTNE						Na	me		•				ica:			er	ог			Plu	mbe	ər	
insurance Cover I have a current lia	_		су ог	its s	subs	tant	ial e	quiv	ale	nt.							Yes				No												
If YES, please indi	t all o that s of t	of the	e deta nstall Massa	atio	ns a	nd p	olum tate	tion ibing	y wo	ork p	erfo	om	ed (e ed u	or e Inde	nter er th	ed) e pe	ermit	ne a	bov sued tass	l for i. Gi	this ener	ap _l al L	plica	itior		and							
Type of License:		Gasfi				Sig	natu		,) max	LUI			Į.		,	irr io ;	/mai	11											
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